

APPLICATION FOR CLINICAL LABORATORY SCIENTIST OR LIMITED SCIENTIST LICENSE

Instructions: Application Fee \$89.00

- Please complete this application in full. Incomplete application will not be evaluated.
- Your **nonrefundable** money order, cashier's check, or personal check application fee must be made payable to: **California State Department of Health Services.**
- All **official** transcripts, U.S. armed service documents, and verification of clinical laboratory training/experience must be sent, by the registrar's office, the U.S. armed service office, the laboratory director, or the training coordinator, **directly** to this Department at the following address:

California State Department of Health Services
Laboratory Field Services
2151 Berkeley Way, Annex 12
Berkeley, CA 94704-1011

- Check **ONE** license category **only**. **DO NOT** check more than one.
A separate application and fee is required for each license category.

- ☐ 01 Clinical Laboratory Scientist
☐ 06 Clinical Chemist Scientist
☐ 07 Clinical Immunohematologist Scientist
☐ 08 Clinical Microbiologist Scientist
☐ 09 Clinical Toxicologist Scientist
☐ Other (specify) _____

Examination number		Examination Date							
DO NOT WRITE IN THIS SPACE									
Approval	By	Date							
<input type="checkbox"/> Final	_____	_____							
<input type="checkbox"/> Contingent	_____	_____							
<input type="checkbox"/> Reject	_____	_____							
Reason _____									
<input type="checkbox"/> Approved Temporary License									
Temporary License No. _____									
Training:	<input type="checkbox"/>	Issued _____							
Qualifying Experience									
<input type="checkbox"/> California	<input type="checkbox"/> Other	<input type="checkbox"/> U.S.							
Exam:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Did not appear						
Repeat:	<input type="checkbox"/>								
Permanent License No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
Previous File I.D. No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
Site Code	<table border="1"> <tr> <td></td><td></td> </tr> </table>								
Geographical Location	<table border="1"> <tr> <td></td><td></td> </tr> </table>								

5. **Please print.** First name and middle initial _____ Last name _____

Mailing address (street or P.O. Box) _____

City _____ County _____ State _____ ZIP code (include +4 digits) _____

6. I prefer to take the examination in: ☐ Southern California ☐ Northern California

7. Sex ☐ Male ☐ Female

8. Birth date (month/day/year) _____

9. Birth place _____

10. Maiden name or previous last name _____

11. Mother's first name _____

12. United States Social Security number* _____

13. Citizen of U.S.? ☐ Yes ☐ No

14. Ethnic affiliation (Choose number from Item 23)** _____

15. Have you previously applied for a California scientist examination? ☐ Yes ☐ No If yes, name used and date _____

16. Have you been issued another California laboratory personnel license (including trainee)? ☐ Yes ☐ No If yes, type of license _____ License number _____

17. Have you been convicted of any felonies or misdemeanors other than minor traffic violations? ☐ Yes ☐ No **If yes, attach statement giving details.**

18. Name of College or University Attended	Location		Major Courses of Study	From Month/Year	To Month/Year	Degree/Date Conferred	Units
	City	State					

19. ☐ Yes, I have requested that my transcript be sent **DIRECTLY** to you from my college. Date requested _____

20. ☐ Yes, I have completed _____ months of clinical laboratory **TRAINING** as a clinical laboratory scientist (technologist) trainee.

21. ☐ Yes, I have completed _____ months of clinical laboratory **EXPERIENCE** as a clinical laboratory scientist (technologist).

22. Chronological listing of places of training and experience as a **CLINICAL LABORATORY SCIENTIST** (not technician or laboratory aide).

- **TRAINING:** Check each box to show phases of training received. Complete a separate section **only** if training was completed in a different laboratory. If currently in training, give estimated date of completion.
- **EXPERIENCE:** Fill out a separate section for each laboratory in which you worked and check appropriately. Record hours per week to represent the work week, e.g., 20 hrs., 40 hrs., etc.

Laboratory—Internship/Training	Hours per Week	From Month/Year	To Month/Year	(Check One or More)	
Address (number, street)				<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Chemistry
City State ZIP code				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Toxicology
Laboratory—Internship/Training	Hours per Week	From Month/Year	To Month/Year	(Check One or More)	
Address (number, street)				<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Chemistry
City State ZIP code				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Toxicology
Laboratory—Experience	Hours per Week	From Month/Year	To Month/Year	(Check One or More)	
Address (number, street)				<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Chemistry
City State ZIP code				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Toxicology
Laboratory—Experience	Hours per Week	From Month/Year	To Month/Year	(Check One or More)	
Address (number, street)				<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Chemistry
City State ZIP code				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Toxicology
Laboratory—Experience	Hours per Week	From Month/Year	To Month/Year	(Check One or More)	
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City State ZIP code				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Immunohematology	<input type="checkbox"/> Toxicology

If more space is required, please attach a separate sheet(s).

I declare under penalty of perjury that all statements made in this application are true and correct, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights under the laws of California relating to clinical laboratories.



Signature of Applicant (Use indelible ink only)

Telephone number

Date

NOTE: Please allow at least 10 weeks for processing the application. The processing time is based upon receipt of the fully completed application and official documents, as required by Laboratory Field Services.

*PRIVACY STATEMENT

On January 1, 1977, the governor's Executive Order #B-22-76 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. The item relating to citizenship and ethnicity appearing on this form is voluntary and need not be completed; all other items are mandatory and the information requested must be furnished. Mandatory information is used to identify an applicant properly and to determine an individual's eligibility for licensure as authorized under the provisions of Chapter 3, Division 2, of the Business and Professions Code and Chapter 2, Title 17, of the Administrative Code. Failure to provide such information would preclude acceptance of your application. You have the right to review your file which is maintained by: Chief, Laboratory Field Services, Department of Health Services, 2151 Berkeley Way, Annex 12, Berkeley, California 94704, (510) 873-6328.

23. ** **1 = Black;** • **2 = Asian** (including Japanese, Chinese, Korean, Vietnamese, Asian Indian, Cambodian, Laotian, Other Asian); • **4 = Hispanic** (including Mexican, Mexican American, Chicano, Puerto Rican, Cuban and does **not** include persons of Portuguese or Brazilian origin or persons who acquired a Spanish surname); • **5 = White;** • **6 = Pacific Islander** (including Hawaiian, Samoan, Guamanian/Chamorro and other Pacific Islanders); • **7 = American Indian** (including Eskimo, Aleut and must be a member of an American Indian tribe or band recognized by the Federal Bureau of Indian Affairs, or have at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada (SPB Rule 547.34 requires written verification of American Indian Ancestry at time of employment); • **8 = Filipino;** • **3 = Other**